4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

G. therapeutic support of foster care provided by a county board or provider under contract to a county board, if the county board or provider is not capable of providing all the components noted on page 17q;

H. therapeutic support of foster care simultaneously provided by more than one mental health professional or mental health practitioner unless prior authorization is obtained;

I. therapeutic support of foster care to a foster family which duplicate health services funded under medical assistance mental health services; grants authorized according to the Children's Community-Based Mental Health Fund; the Minnesota Family Preservation Act; or the Minnesota Indian Family Preservation Act, except:

1) up to 60 hours of day treatment services within a six-month period provided concurrently with therapeutic support of foster care to a child with severe emotional disturbance are eligible for MA payment without prior authorization if the child is:

a) being phased out of day treatment services and phased into therapeutic support of foster care; or

b) being phased out of therapeutic support of foster care and day treatment services are identified within the goals of the child's individual treatment plan.

Prior authorization may be requested for additional hours of day treatment beyond the 60-hour limit; or

2) if the mental health professional providing the child's therapeutic support of foster care anticipates the child or the child's family will need outpatient psychotherapy services upon completion of the therapeutic support of foster care, then one session of individual psychotherapy per month for the child or one session of family psychotherapy per month for the child's family is eligible for MA payment during the period the child receives therapeutic support of foster care.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

For purposes of the child's transition to outpatient psychotherapy, the child may receive two additional psychotherapy visits per six-month episode of therapeutic support of foster care if the mental health professional providing the therapeutic support of foster care works with the provider of outpatient psychotherapy to facilitate the child's transition from therapeutic support of foster care to outpatient psychotherapy services and to coordinate the child's mental health services.

J. Services provided to the foster family that are not directed exclusively to the treatment of the recipient.

6. **Services provided to recipients with severe emotional disturbance residing in a children's residential treatment facility** are limited to:

A. Intake, treatment planning and support. This includes developing, monitoring and revising the treatment plan, recording the recipient's medical history, providing a basic health screening and referring for health services if necessary, assisting in implementing health regimes, medication administration and monitoring, coordinating home visits when consistent with treatment plan goals, coordinating discharge and referral for aftercare services, and travel and paperwork related to intake, treatment planning and support.

B. Psychological examinations, case consultation, individual and group psychotherapy, and counseling. It includes testing necessary to make these assessments.

C. Skills development. This means therapeutic activities designed to restore developmentally appropriate functioning in social, recreational, and daily living skills. It includes structured individual and group skills building activities.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

It also includes observing the recipient at play and in social situations, and performing daily living activities and engaging in on-the-spot intervention and redirection of the recipient's behavior consistent with treatment goals and age-appropriate functioning.

D. Family psychotherapy and skills training designed to improve the basic functioning of the recipient and the recipient's family in the activities of daily and community living, and to improve the social functioning of the recipient and the recipient's

family in areas important to the recipient's maintaining or re-establishing residency in the community. This includes assessing the recipient's behavior and the family's behavior to the recipient, activities to assist the family in improving its understanding of normal child development and use of parenting skills to help the recipient achieve the goals of the treatment plan, and promoting family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization. Family psychotherapy and skills training is directed exclusively to treatment of the recipient.

Covered services are:

1. Provided pursuant to an individual treatment plan based on recipients' clinical needs;

2. Developed with assistance from recipients' families or legal representatives; and

3. Supervised by a mental health professional.

7. **Personal care assistant services identified in an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP)** and provided by school districts to children during the school day.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- The services must meet all the requirements otherwise applicable under item 26 of this Attachment if the service had been provided by a qualified, enrolled provider other than a school district, with the following exceptions:

  A. a personal care assistant does not have to meet the requirements of page 78-78a and need not be an employee of a personal care provider organizations;

  B. assessments, reassessments and service updates are not required;

  C. Department prior authorization is not required;

  D. a physician need not review the IEP;

  E. a personal care assistant is supervised by a registered nurse, public health nurse, school nurse, occupational therapist, physical therapist, or speech pathologist;

  F. service limits as described in this item do not apply;

  G. PCA Choice is not an option;

  H. only the following ~~services~~ activities of daily living, instrumental activities of daily living, health-related functions, and redirection and intervention for behavior are covered:

     1) bowel and bladder care;

     2) range of motion and muscle strengthening exercises;

     3) transfers and ambulation;

     4) turning and positioning;

     5) application and maintenance of prosthetics and orthotics;

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

6) dressing or undressing;

7) assistance with eating, nutrition and diet activities;

8) redirection, monitoring, observation and intervention for behavior; and

9) assisting, monitoring, or prompting the recipient to complete the services in subitems 1) through 8).

- To receive personal care assistant services, the recipient or responsible party must provide written authorization in the recipient's care plan identifying the chosen provider and the daily amount of services to be used at school.

- School districts must secure informed consent to bill for personal care assistant services. For the purposes of this item, "informed consent" means a written agreement, or an agreement as documented in the record, by a recipient or responsible party in accordance with Minnesota Statutes, section 13.05, subdivision 4, paragraph (d) and Minnesota Statutes, section 256B.77, subdivision 2, paragraph (p).

6.d. Other practitioners' services. (continued)

B. **Public health nursing services** are limited to:

1) Nursing assessment and diagnostic testing;
2) Health promotion and counseling;
3) Nursing treatment;
4) Immunization;
5) Administration of injectable medications;
6) Medication management and the direct observation of the intake of drugs prescribed to treat tuberculosis;
7) Tuberculosis case management, which means:
   a) assessing an individual's need for medical services to treat tuberculosis;
   b) developing a care plan that addresses the needs identified in subitem a);
   c) assisting the individual in accessing medical services identified in the care plan; and
   d) monitoring the individual's compliance with the care plan to ensure completion of tuberculosis therapy; and
8) Personal care assistant assessments, reassessments, and service updates. Assessments, reassessments, and service updates are conducted by county public health nurses or certified public health nurses under contract with the county.

Such assessments must be conducted initially, in person, for persons who have never had a public health nurse assessment. The initial assessment must include:

a) documentation of health status;
b) determination of need;
c) identification of appropriate services;
d) service plan development, including, if supervision by a qualified professional is requested, assisting the recipient or responsible party to identify the most appropriate qualified professional;
e) coordination of services;
f) referrals and follow-up to appropriate payers and community resources;
g) completion of required reports;
h) if a need is determined, recommendation and receipt of service authorization; and
i) recipient education.

6.d. Other practitioners' services. (continued)

B. **Public health nursing services.**

Reassessments are conducted, in person, at least annually or when there is a significant change in the recipient's condition and need for services. The reassessment includes:

a) a review of initial baseline data;
b) an evaluation of service effectiveness;
c) a redetermination of need for service;
d) a modification of the service plan, if necessary, and appropriate referrals;
e) an update of the initial forms;
f) if a need is redetermined, recommendation and receipt of service authorization; and
g) ongoing recipient education.

Service updates are conducted in lieu of an annual face-to-face reassessment when a recipient's condition or need for personal care assistant services has not changed substantially, or between required assessments when the recipient or provider requests a temporary increase in services until an in-person review is conducted. The service update includes all the elements listed in items a) through g), above, but does not require an in-person visit.

If flexible use of personal care assistant hours is used, as part of the assessment, reassessment, and service plan development or modification, the recipient or responsible party must work with the public health nurse to develop a written month-to-month plan of the projected use of personal care assistant services that is part of the service plan. This month-to-month plan must ensure that actual use of hours will be monitored and that the:

a) health and safety needs of the recipient will be met; and
b) total annual authorization will not be exceeded before the end date.

6.d. Other practitioners' services. (continued)

B. **Public health nursing services.**

If the actual use of personal care assistant service varies significantly from the use projected in the service plan, the month-to-month plan must be promptly updated by the recipient or responsible party and the public health nurse.

Public health nurses who administer pediatric vaccines as noted in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

7. Home health services.

- Covered home health services are those provided by a Medicare certified home health agency that are: (a) medically necessary health services; (b) ordered by a physician; (c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and (d) provided to the recipient at his or her own place of residence that is a place other than a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF/MR) unless skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/MR in order to prevent and admission to a hospital or nursing facility and is not required to be provided by the facility under 42 CFR Part 483, subpart I.

- Home health services includes skilled nurse visits provided via telehomecare, which is the use of live, two-way interactive audiovisual technology that can be augmented using store-and-forward technologies. Department prior authorization is required for telehomecare.

- Department prior authorization is required for home health aide visits or skilled nurse visits, unless a physician has ordered such visits and:

  a) the professional nurse determines an immediate need for up to 40 home health aide visits or skilled nurse visits per calendar year and submits a request to the Department for authorization of payment within 20 working days of the initial service date, and medical assistance is the appropriate payer; or

  b) this is the first through the ~~fifth~~ ninth skilled nurse visit during a calendar year.

  Department prior authorization is based on medical necessity, physician's orders, the recipient's needs, diagnosis, and condition, the plan of care, and cost-effectiveness when compared with other care options.

- The following home health services are not covered under medical assistance:

  a) home health services that are the responsibility of the foster care provider;

7. Home health services. (continued)

b) home health services when not medically necessary;

c) services to other members of the recipient's household;

d) any home care service included in the daily rate of the community-based residential facility in which the recipient resides;

e) nursing and rehabilitation therapy services that can reasonably be obtained as outpatient services;

f) any home health agency service that is performed in a place other than the recipient's residence; ~~and~~

g) more than one home health aide visit per day; and

h) more than two skilled nurse visits per day.

- Home health agencies that administer pediatric vaccines as noted in item 5.a., Physician's services within the scope if their licensure must enroll in the Minnesota Vaccines for Children Program.

7.a Intermittent or part-time nursing services provided by a home health agency, or by a registered nurse when no home health agency exists in the area.

- Covered intermittent or part-time nursing services are those provided by a Medicare-certified home health agency that are:

  a) medically necessary;
  b) ordered by a physician;
  c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and
  d) provided to the recipient at the recipient's own place of residence that is a place other than a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF/MR) unless skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/MR in order to prevent an admission to a hospital or nursing facility and is not required to be provided by the facility under 42 CFR Part 483, subpart I.

- Homemaker services, social services, educational services, and services not prescribed by the physician are not paid by medical assistance.

- Home health agencies or registered nurses that administer pediatric vaccines as noted in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

- Nurse visits are covered by medical assistance. The visits are provided in a recipient's residence under a plan of care or services plan that specifies a level of care ~~which~~ that the nurse is qualified to provide. These services are:

  a) nursing services according to the written plan of care or services plan and accepted standards of medical and nursing practice in accordance with State laws governing nursing licensure;

  b) services ~~which~~ that, due to the recipient's medical condition, may only be safely and effectively provided by a registered nurse or a licensed practical nurse;

  c) assessments performed only by a registered nurse; and

7.a Intermittent or part-time nursing services provided by a home health agency, or by a registered nurse when no home health agency exists in the area. (continued)

d) teaching and training the recipient, the recipient's family, or other caregivers.

- The following services are not covered under medical assistance as intermittent or part-time nursing services:

a) nurse visits for the sole purpose of supervision of the home health aide;

b) a nursing visit that is:

i) only for the purpose of monitoring medication compliance with an established medication program; or

ii) to administer or assist with medication administration, including injections, prefilling syringes for injections, or oral medication set-up of an adult recipient, when as determined and documented by the registered nurse, the need can be met by an available pharmacy or the recipient is physically and mentally able to self-administer or prefill a medication;

c) a visit made by a nurse solely to train other home health agency workers;

d) nursing services that can reasonably be obtained as outpatient services;

e) Medicare evaluation or administrative nursing visits for dually eligible recipients that do not qualify for Medicare visit billing;

f) skilled nurse visits (beyond the first five during a calendar year) that are not prior authorized; and

g) nursing visits when not medically necessary.

7.d. Physical therapy, Occupational therapy or Speech pathology and Audiology services provided by a home health or rehabilitation agency.

- **Covered physical therapy services** are those prescribed by a physician, physician assistant or nurse practitioner and provided to a patient by a qualified physical therapist or qualified physical therapist assistant. ~~When services of support personnel are utilized, there must be direct, on-site supervision by a qualified physical therapist.~~

- **Covered occupational therapy services** are those prescribed by a physician, physician assistant or nurse practitioner and provided to a patient by a qualified occupational therapist or qualified occupational therapy assistant. ~~When services of support personnel are utilized, there must be direct, on-site supervision by a qualified occupational therapist.~~

- **Covered speech, language, and hearing therapy services** are those diagnostic, screening, preventive or corrective services prescribed by a physician, physician assistant or nurse practitioner and provided by a qualified speech pathologist or a qualified audiologist in the practice of his or her profession.

- **Restorative therapy services** are covered only when there is a medically appropriate expectation that the patient's condition will improve significantly in a reasonable and generally predictable period of time.

- **Specialized maintenance therapy** is covered only when:

  - physician, physician assistant or nurse practitioner orders relate necessity for specialized maintenance therapy to the patient's particular medical condition(s); and

  - it is necessary for maintaining the patient's current level of functioning or for preventing deterioration of the patient's medical condition(s).

8. Private duty nursing services.

- Private duty nursing services are only covered when medically necessary, ordered in writing by the physician, and documented in a written plan of care that is reviewed and revised as medically necessary by the physician at least once every 62 days.

- Private duty nursing services are not reimbursable if ~~an enrolled home health agency is available and can adequately provide the specified level of care~~ skilled nurse visit is appropriate, or if a personal care assistant can be utilized.

- Private duty nursing services includes extended hour nursing services provided by licensed registered nurses or licensed practical nurses employed by a Medicare-certified home health agency or self-employed.

- Department prior authorization is required for all private duty nursing services. Prior authorization is based on medical necessity; physician's orders; the recipient's needs, diagnosis, and condition; an assessment of the recipient; the plan of care; and cost-effectiveness when compared to alternative care options. For recipients who meet hospital admission criteria, the Department shall not authorize more than 16 hours per day of private duty nursing service or up to 24 hours per day of private duty nursing service while a determination of eligibility is made for recipients who are applying for services under Minnesota's approved model home and community-based services waiver or during an appeal to the appropriate regulatory agency to determine if a health benefit plan is required to pay for medically necessary nursing services. For recipients who do not meet hospital admission criteria, the Department may authorize up to 9.75 hours per day of private duty nursing service. Authorized private duty nursing services provided by a relative may not exceed 50 percent of the total approved nursing hours, or eight hours a day, whichever is less, up to a maximum of 40 hours per week.

- Authorized units of private duty nursing service may be used in the recipient's home or outside of the recipient's home if normal life activities take the recipient outside of their home ~~and without private duty nursing service their health and safety would be jeopardized~~. To receive private duty nursing services at school, the recipient or his or her responsible party must provide written authorization in the recipient's care plan identifying the chosen provider and the daily amount

8. Private duty nursing services. (continued)

of services to be used at school.

- Private duty nursing providers that are not Medicare certified must refer and document the referral of dual eligibles to Medicare providers when Medicare is the appropriate payer.

- Recipients may receive shared private duty nursing services, defined as nursing services provided by a private duty nurse to two recipients at the same time and in the same setting. Decisions on the selection of recipients to share private duty nursing services must be based on the ages of the recipients, compatibility, and coordination of their care needs. For purposes of this item, "setting" means the home or foster care home of one of the recipients, a child care program that is licensed by the state or is operated by a local school district or private school, or an adult day care that is licensed by the state.

  The provider must offer the recipient or responsible party the option of shared care. If accepted, the recipient or responsible party may withdraw participation at any time.

  The private duty nursing agency must document the following in the health service record for each recipient sharing care:

  a) authorization by the recipient or responsible party for the maximum number of shared care hours per week chosen by the recipient;

  b) authorization by the recipient or responsible party for shared service provided outside the recipient's home;

  c) authorization by the recipient or responsible party for others to receive shared care in the recipient's home;

  d) revocation by the recipient or responsible party of the shared care authorization, or the shared care to be provided to others in the recipient's home, or the shared care to be provided outside the recipient's home; and

  e) daily documentation of the shared care provided by each private duty nurse including:

     1) the names of each recipient receiving shared care together;

8. Private duty nursing services. (continued)

2) the setting for the shared care, including the starting and ending times that the recipients received shared care; and

3) notes by the private duty nurse regarding changes in the recipient's condition, problems that may arise from the sharing of care, and scheduling and care issues.

In order to receive shared care:

a) the recipient or responsible party and the recipient's physician, in conjunction with the home health care agency, must determine:

1) whether shared care is an appropriate option based on the individual needs and preferences of the recipient; and

2) the amount of shared care authorized as part of the overall authorization of private duty nursing services;

b) the recipient or responsible party, in conjunction with the private duty nursing agency, must approve the setting, grouping, and arrangement of shared care based on the individual needs and preferences of the recipients;

c) the recipient or responsible party, and the private duty nurse, must consider and document in the recipient's health service record:

1) the additional training needed by the private duty nurse to provide care to two recipients in the same setting and to ensure that the needs of the recipients are appropriately and safely met;

2) the setting in which the shared private duty nursing care will be provided;

3) the ongoing monitoring and evaluation of the effectiveness and appropriateness of the service and process used to make changes in service or setting;

8. Private duty nursing services. (continued)

4) a contingency plan that accounts for absence of the recipient in a shared care setting due to illness or other circumstances. The private duty nurse will not be paid if the recipient is absent;

5) staffing backup contingencies in the event of employee illness or absence;

6) arrangements for additional assistance to respond to urgent or emergency care needs of recipients.

- The following services are not covered under medical assistance as private duty nursing services:

a) private duty nursing services provided by a licensed registered nurse or licensed practical nurse who is the recipient's spouse, legal guardian, or parent of a minor child ~~or foster care provider of a recipient who is under age 18~~ , unless the following conditions are met:

1) the nurse passes a criminal background check;

2) the services are necessary to prevent hospitalization of the recipient; and

3) one of the following are met:

a. the nurse resigns from a part-time or full-time job to provide nursing care for the recipient;

b. the nurse goes from a full-time job to a part-time job with less compensation for provide nursing care for the recipient;

c. the nurse takes a leave of absence without pay to provide nursing care for the recipient; or

d. because of labor conditions, special language needs, or intermittent hours of nursing care needed, the nurse is needed in order to provide adequate to meets the medical needs of the recipient;

8. Private duty nursing services. (continued)

b) private duty nursing services that are the responsibility of the foster care provider;

c) private duty nursing services when the number of foster care residents is greater than four;

d) private duty nursing services when other, more cost-effective, medically appropriate services are available; ~~and~~

e) private duty nursing services provided to a resident of a hospital, nursing facility, intermediate care facility, or a licensed health care facility; and

f) private duty nursing services provided by a licensed registered nurse or licensed practical nurse who is the foster care provider of a recipient who is under age 18.

26. Personal care assistant services.

e) private duty nursing services provided to a resident of a hospital, nursing facility, intermediate care facility, or a licensed health care facility.

Personal care assistant services are provided by personal care provider organizations or by use of the PCA Choice option.

A. Personal care provider organizations

Personal care services provider qualifications:

- Personal care assistants must be employees of or under contract with a personal care provider organization within the service area. If there are not two personal care provider organizations within the service area, the Department may waive this requirement. If there is no personal care provider organization within the service area, the personal care assistant must be enrolled as a personal care assistant provider.

- If a recipient's diagnosis or condition changes, requiring a level of care beyond that which can be provided by a personal care provider, non-Medicare certified personal care providers must refer and document the referral of dual eligibles to Medicare providers (when Medicare is the appropriate payer).

- Effective July 1, 1996, personal care assistant means a person who:

  a) is at least 18 years old, except for persons 16 to 18 years of age who participated in a related school-based job training program or have completed a certified home health aide competency evaluation;

  b) is able to effectively communicate with the recipient and the personal care provider organization;

  c) is able to and provides covered personal care assistant services according to the recipient's plan of care, responds appropriately to the recipient's needs, and reports changes in the recipient's conditions to the supervising

26. Personal care assistant services. (continued)

- qualified professional or physician. For the purposes of this item, "qualified professional" means a registered nurse or a mental health professional defined in item 6.d.A. of this attachment;

d) is not a consumer of personal care assistant services; and

e) is subject to criminal background checks and procedures specified in the state human services licensing act.

- Effective July 1, 1996, personal care provider organization means an entity enrolled to provide personal care assistant services under medical assistance that complies with the following:

a) owners who have a five percent interest or more, and managerial officials are subject to a background study. This applies to currently enrolled personal care provider organizations and those entities seeking to enroll as a personal care provider organization. Effective November 10, 1997, an organization is barred from enrollment if an owner or managerial official of the organization has been convicted of a crime specified in the state human services licensing act, or a comparable crime in another jurisdiction, unless the owner or managerial official meets the reconsideration criteria specified in the state human services licensing act;

b) the organization must maintain a surety bond and liability insurance throughout the duration of enrollment and provide proof thereof. The insurer must notify the Department of the cancellation or lapse of policy; and

c) the organization must maintain documentation of personal care assistant services as specified in rule, as well as evidence of compliance with personal care assistant training requirements.

26. Personal care assistant services. (continued)

B. PCA Choice option

Under this option, the recipient and qualified professional do not require professional delegation.

- The recipient or responsible party:

a) uses a PCA Choice provider, not a personal care provider organization. A PCA Choice provider assists the recipient to account for covered personal care assistant services. A PCA Choice provider is considered a joint employer of the qualified professional described in item A and the personal care assistant, and may not be related to the recipient, qualified professional, or personal care assistant. A PCA Choice provider or owner of the entity providing PCA Choice services must pass a criminal background check according to the state human services licensing act;

b) if a qualified professional is requested, uses a qualified professional for help in developing and revising a service plan to meet the recipient's ~~assessed~~ needs, ~~and for help in supervising the personal care assistant services,~~ as ~~recommended~~ assessed by the public health nurse;

c) supervises the personal care assistant if ~~there is no~~ the recipient or responsible party does not want a qualified professional to supervise the personal care assistant;

d) ~~with~~ if the ~~PCA Choice provider,~~ recipient or responsible party wants a qualified professional to supervise the personal care assistant, verifies and documents the credentials of the qualified professional, and then recruits, hires and, if necessary, terminates the qualified professional;

e) ~~with the PCA Choice provider,~~ recruits, hires and, if necessary, terminates the personal care assistant;

26. Personal care assistant services. (continued)

~~f)~~ ~~orients and trains the personal care assistant in areas that do not require professional delegation as determined by the county public health nurse;~~

~~g)~~ ~~supervises and evaluates the personal care assistant in areas that do not require professional delegation as determined in the assessment;~~

~~h)~~ ~~cooperates with the qualified professional and implements recommendations pertaining to the health and safety of the recipient;~~

~~i)~~ ~~with the PCA Choice provider;~~ ~~hires a~~ with assistance from the qualified professional, ~~to~~ orients and ~~train and supervise the performance of delegated tasks done by~~ trains the personal case assistant;

~~j)~~ ~~monitors services and verifies in writing the hours worked by the personal care assistant and the qualified professional;~~

~~k)~~g) ~~develops and revises a care plan~~ with assistance as needed from the qualified professional or the recipient's physician, supervises and evaluates the personal care assistant;

~~l)~~h) monitors and verifies ~~and documents the credentials of the~~ in writing the number of hours worked by the qualified professional and the personal care assistant; and

~~m)~~i) together with the PCA Choice provider, qualified professional, and personal care assistant, enters into a written agreement before services begin. The agreement must include:

1) the duties of the recipient, PCA Choice provider, qualified professional, and personal care assistant;

2) the salary and benefits for the qualified professional and personal care assistant;